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62921

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 039	Agency Case No. B5-093131	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		(In Military Time) TIME OF ACCIDENT 1533	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1535	10/06/2015	
B 76	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N.48th St./Francis St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
N. 48th St./Francis St.						
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02036332		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	CYNTHIA J GALLENTINE		PHONE	402-466-3916	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/10/1942	
G 4	OWNER	CYNTHIA J GALLENTINE		PHONE	402-466-3916	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB482496	
V1/O 2	LICENSE PLATE PA NO.	RYC635		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 2	VEHICLE	2012	Toyota	MODEL CBA	BODY STYLE 4 door Sedan	COLOR silver / chrome
I 1	VEHICLE ID NO. (VIN)	4T1BF1FK0CU049181		INSURANCE COMPANY	State Farm	
J 01	TOWED TO	TOWED BY		POLICY NO.	0943450D2427	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	V00160558		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	JENIFER M FEGLEY		PHONE	402-450-3299	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/20/1975	
J 01	OWNER	JENIFER M FEGLEY		PHONE	402-450-3299	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V2/Q 3	LICENSE PLATE PA NO.	20Z939		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
K 03	VEHICLE	2008	Subaru	MODEL 25B	BODY STYLE 4 door Sedan	COLOR white
	VEHICLE ID NO. (VIN)	4S3BL616687217514		INSURANCE COMPANY	Shelter Mutual	
	TOWED TO	TOWED BY		POLICY NO.	261716230421	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093131



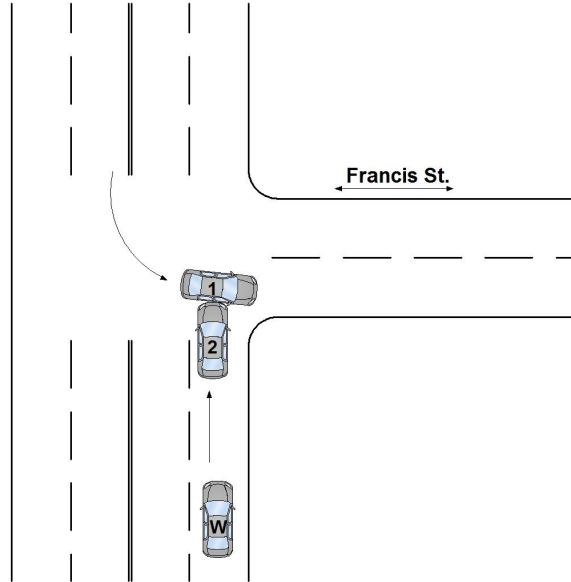
Indicate
North
by Arrow



**Measurements Approximate
Not To Scale**

**POI-
5' N of S curb of Francis St.
8' W of E curb of N. 48th St.**

N. 48th St.



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 was traveling SB on N. 48th St. in the inside traffic lane when she attempted to turn left to go EB on Francis St. D1 vehicle was struck by D2 vehicle in the intersection. D2 was traveling NB on N. 48th St. in the outside traffic lane approaching Francis St. D1 vehicle turned in front of D2 vehicle, failing to yield right of way. Witness was behind the accident and verified that D1 failed to yield the right of way.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Richard Miller 3130 N. 68th St., Lincoln, NE 68507				PHONE 402-730-4263
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1				VEHICLE 2				VEH 1				VEH 2							
1		X			N. 48th St.				VEHICLE 1				VEHICLE 2				Driver No. 1				Driver No. 2							
2	X				N. 48th St.				VEHICLE 1				VEHICLE 2				Driver No. 1				Driver No. 2							
1	06	06 Turning left			MOST DAMAGED AREA				MOST DAMAGED AREA				1 Deployed - front				1 None used - vehicle occupant				ALCOHOL TESTING							
2	01	08 Entering traffic lane			MOST DAMAGED AREA				MOST DAMAGED AREA				2 Deployed - side				2 Lap & shoulder belt used				Driver No. 1				Driver No. 2			
				09 Leaving traffic lane			00 None				01				3 Deployed - both front/side				3 Shoulder belt only used				ALCOHOL LEVEL TESTED					
				10 Parked			01				4 Not deployed				4 Lap belt only used				N				X					
				11 Slowing or stopped in traffic			02				5 Not applicable/ No airbag available				5 Child safety seat used				N				X					
				12 Other			03				6 Unknown				6 Child booster seat used				N				X					
				13 Unknown			04								7 DOT approved helmet used				N				X					
							05								8 Costume helmet used				N				X					
							06								9 Restraint use unknown				N				X					
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